



MOTOROLA

Patents Operations, Law Department



Motorola, Inc.
Law Department – MD 1610
8000 West Sunrise Blvd.
Plantation, FL 33322
Telephone: (954) 723-6449
Facsimile: (954) 723-3871

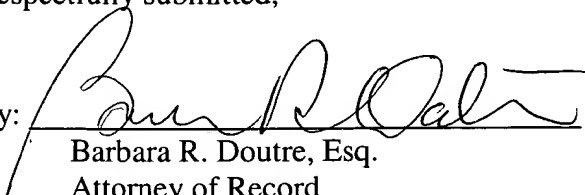
Applicant(s)	Matthew B. Perkins, et al	Group Art Unit:	2682
Application No.:	09/596,442	Examiner:	Nghi H. LY
Filed:	June 19, 2000	Confirmation No.	4005
Title:	ADAPTIVE CHANNEL ACCESS SCHEME		
Docket Date	-December 30, 2005	Docket No.:	CM03017J

I hereby certify that the following Paper:

- 1 page - Transmittal Form
- 1 page - Fee Transmittal, in duplicate, with authorization to charge fee
- 1 page - Petition for Extension of Time, in duplicate, with authorization to charge fee
- 7 pages - Amendment
- 20 pages - Supplemental Information Disclosure Statement, PTO/SB/08
and EP Reference with English translation of claims

These documents enclosed and referenced herein are being submitted under Express Mailing provisions, 37 CFR 1.10, and a filing date corresponding to the date of deposit is respectfully requested.

Respectfully submitted,

By: 
Barbara R. Doutre, Esq.
Attorney of Record

December 16, 2005

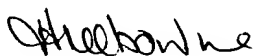
Motorola, Inc.
Law Department, MD 1610
8000 West Sunrise Boulevard
Plantation, Florida 33322
Customer Number: 24273

Registration No. 39,505
Tel. No.: 954-723-6449
Fax No.: 954-723-3871
E-Mail: Barbara.Doutre@motorola.com

CERTIFICATE OF MAILING

Express Mailing Label No. EV 731816915 US – Deposited: December 16, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service, postage paid, Express Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.



/Vernice Freebourne

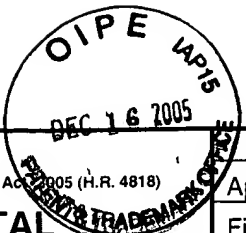
December 16, 2005 /Date

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/596,442
	Filing Date	June 19, 2000
	First Named Inventor	Matthew R. Perkins
	Group Art Unit	2686
	Examiner Name	Nghi H. LY
Total Number of Pages in this Submission	Attorney Docket Number	CM03017J

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <small>With authorization to charge fees</small> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below) Form PTO/SB/08 1 - EP Reference
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature	<i>Barbara R. Doutre</i>		
Date	December 16, 2005		

CERTIFICATE OF EXPRESS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and addressed to Mail Stop: <u>AMENDMENT</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:			
Typed or printed name	Vernice V. Freebourn		
Signature	<i>V. Freebourn</i>	Date	December 16, 2005



Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

Complete if Known

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/596,442
Filing Date	June 19, 2000
First Named Inventor	Matthew R. Perkins
Examiner Name	Nghi H. LY
Group Art Unit	2686
Attorney Docket No.	CM03017J

TOTAL AMOUNT OF PAYMENT (\$)**1,200.00**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES			SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP= x = Fee Paid (\$)

HP=highest number of total claims paid for, if greater than 20

Indep. Claims - 3 or HP= x = Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<input type="text"/> - 100 =	<input type="text"/> / 50 =	<input type="text"/> (round up to a whole number) x	<input type="text"/>	<input type="text"/>

4. OTHER FEE(S)

Petition for Extension of Time	Fee Paid (\$)
Other: <u>Submission of an Information Disclosure Statement</u>	\$1,020.00 \$ 180.00

SUBMITTED BY

Name (Print/Type)	Barbara R. Dautre	Registration No.	39,505	Telephone	954-723-6449
Signature	<i>Barbara R. Dautre</i>	Date	December 16, 2005		